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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 6364

<b>SERIAL NUMBER</b> 10/690,738	<b>FILING OR 371(c) DATE</b> 10/21/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1625	<b>ATTORNEY DOCKET NO.</b> 021288-002010US	
<b>APPLICANTS</b> Yun He, San Diego, CA; David Archer Ellis, San Diego, CA; Beth Marie Anaclerio, San Diego, CA; Kelli L. Kuhen, Carlsbad, CA; Baogen Wu, San Diego, CA; Tao Jiang, San Diego, CA;					
<b>** CONTINUING DATA *****</b> <i>RO 9/9/05</i> This appln claims benefit of 60/420,163 10/21/2002					
<b>** FOREIGN APPLICATIONS *****</b> <i>NONE 9/9/05</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/22/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>RO 9/9/05</i> Verified and Acknowledged <i>RO 9/9/05</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 14	<b>TOTAL CLAIMS</b> 178	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 47930					
<b>TITLE</b> Quinolones with anti-HIV activity					
<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		